

PTO/SB/81 (09-03)

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INDICATION FORM**

Application Number	10/719,033
Filing Date	November 21, 2003
First Named Inventor	Christopher Gerding
Title	Arcade Style Video Game. . .
Art Unit	3713
Examiner Name	John M. Hotaling
Attorney Docket Number	Quasi001

I hereby appoint:

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☒ Practitioner(s) named below:

Name	Registration Number
Peter R. Martinez	42,845

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<input checked="" type="checkbox"/>	Firm or Individual Name	Peter R. Martinez				
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

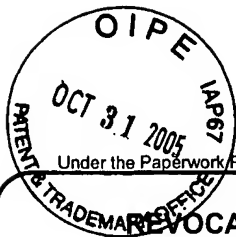
Name	CHRISTOPHER GERDING				
Signature					
Date	OCTOBER 27, 2005			Telephone	888.400.5774

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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PTO/SB/82 (09-03)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/719,033
Filing Date	November 21, 2003
First Named Inventor	Christopher Gerding
Art Unit	3713
Examiner Name	John M. Hotaling
Attorney Docket Number	Quasi001

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	PETER MARTINEZ				
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	CHRISTOPHER GERDING		
Signature			
Date	OCTOBER 27, 2005	Telephone	888.400.5774

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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